Division of Health Service Regulation

| OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 | | (X3) DATE SURVEY COMPLETED | | | | | | | |
|---|--|---|--|--|--|--|--|--|--|--|--|
| | | R WING | | C | | | | | | | |
| | HAL035022 | D. WINO | | 06/2 | 3/2016 | | | | | | |
| NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE | | | | | | | | | | | |
| AUTUMN WIND ASSISTED LIVING OF LOUISBI 361 LEONARD ROAD LOUISBURG, NC 27549 | | | | | | | | | | | |
| FIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | | ID PREFIX TAG | (EACH CORRECTIVE ACTION SHOUL | E ACTION SHOULD BE O TO THE APPROPRIATE | | | | | | | |
| C 000 Initial Comments | | | | | | | | | | | |
| This report is of a Complaint investigation done by Bob Getchell on June 23, 2016. | | | | | | | | | | | |
| 1968. On November was added, bringing Therefore the origin meet the 1971 and 2005 Rules for the Homes of Seven or | er 20, 1979 a 28- bed addition g the total beds to 60. nal section of the facility must the applicable portions of the Licensing of Adult Care More Beds; and, the 1967 | | | | | | | | | | |
| Section 516.1(c). | | | | | | | | | | | |
| The 28-bed addition must meet the 1977 and the applicable portions of the 2005 Rules for the Licensing of Adult Care Homes of Seven or More Beds; and, the 1978 North Carolina State Building Code, Section 409.1(c). | | | | | | | | | | | |
| not working in the fi | ront section of the right | | | | | | | | | | |
| Deficiencies were number of correction. | oted which will require a new | | | | | | | | | | |
| Building Equipment | Maintained Safe, Operating | C 189 | | | | | | | | | |
| 10A NCAC 13F .03 REQUIREMENTS (a) The building an mechanical, and plu care home shall be operating condition. (k) This Rule shall facilities with the ex | d all fire safety, electrical, umbing equipment in an adult maintained in a safe and apply to new and existing ception of Paragraph (e) | | | | | | | | | | |
| | PROVIDER OR SUPPLIER SUMMARY STA (EACH DEFICIENCY REGULATORY OR LE Initial Comments This report is of a C by Bob Getchell on This facility was orig 1968. On Novembe was added, bringing Therefore the origin meet the 1971 and 2005 Rules for the Homes of Seven or North Carolina Stat Section 516.1(c). The 28-bed addition applicable portions Licensing of Adult C Beds; and, the 1978 Code, Section 409. The complaint alleg not working in the fir residential wing. The Deficiencies were in plan of correction. Building Equipment SECTION .0300 - F 10A NCAC 13F .03 REQUIREMENTS (a) The building an mechanical, and plu care home shall be operating condition (k) This Rule shall facilities with the ex | PROVIDER OR SUPPLIER STREET AD SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Initial Comments This report is of a Complaint investigation done by Bob Getchell on June 23, 2016. 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Building Equipment Maintained Safe, Operating SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER | PROVIDER OR SUPPLIER I WIND ASSISTED LIVING OF LOUISBI SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Initial Comments C 000 Initial Comments C 000 This report is of a Complaint investigation done by Bob Getchell on June 23, 2016. This facility was originally licensed on May 13, 1968. On November 20, 1979 a 28- bed addition was added, bringing the total beds to 60. Therefore the original section of the facility must meet the 1971 and the applicable portions of the 2005 Rules for the Licensing of Adult Care Homes of Seven or More Beds; and, the 1967 North Carolina State Building Code, Group D, Section 516.1(c). 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(k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) | PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 361 LEONARD ROAD LOUISBURG, NC 27549 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Initial Comments C 000 This report is of a Complaint investigation done by Bob Getchell on June 23, 2016. This facility was originally licensed on May 13, 1968. On November 20, 1979 a 28- bed addition was added, bringing the total beds to 60. Therefore the original section of the facility must meet the 1971 and the applicable portions of the 2005 Rules for the Licensing of Adult Care Homes of Seven or More Beds; and, the 1967 North Carolina State Building Code, Group D, Section 516.1(c). 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Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

Division of Health Service Regulation

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 | | (X3) DATE SURVEY COMPLETED | | | | | | |
|---|---|--|---|------------------------------|--|--------|--|--|--|--|--|
| | | | 71. BOILDING. | •• | | ; | | | | | |
| | | HAL035022 | B. WING | | | 3/2016 | | | | | |
| NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE | | | | | | | | | | | |
| AUTUMN WIND ASSISTED LIVING OF LOUISBI 361 LEONARD ROAD LOUISBURG, NC 27549 | | | | | | | | | | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | | ID PREFIX TAG | (EACH CORRECTIVE ACTION SHOU | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (X5) COMPLETE DATE | | | | | | |
| C 189 | Continued From page 1 | | | | | | | | | | |
| | maintained safe du not maintained ope This could cause de complications in electronic | ion, the facility was not e to mechanical equipment rable. ehydration and other medical derly residents. g system serving the right front actioning. ling taken in the corridor was by staff indicated that they had | | | | | | | | | |

Division of Health Service Regulation STATE FORM